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ABSTRACT

The Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing appointed an ad hoc committee to study the implications of nursing shortages for nursing education programs in the 16 SREB states and the District of Columbia. In May 2001, surveys were sent to 491 colleges and universities that prepare students for licensure as registered nurses, and 275 of these institutions completed and returned their surveys. Most of the responding nursing institutions were in rural areas or small cities and in public colleges or universities. These institutions offer 525 programs, of which 58% are associate's programs and 141 graduate programs (75% master's programs). Thirty-one percent of these institutions offer courses off campus. In the 2000-2001 academic year, only 28 doctoral graduates and 209 master's graduates had completed formal preparation as nurse educators, and there were 432 unfilled positions for nurse educators. A total of 342 nurse educators had resigned, and 144 had retired. There were, in these institutions, 971 nurse educators without the minimal academic credential for national accreditation. Most faculty members were White, with African Americans representing 12%, and American Indians, Asians, and Latinos each representing 2% or less. Racial diversity was greatest in the baccalaureate programs. Most of the nursing education units could have accepted more students. Based on the survey results, the SREB Council on Collegiate Education for Nursing plans to work to establish regional consortia of graduate programs, improve data collection and dissemination of demographic data, collaborate with national organizations to address nurse educator recruitment, and perform cost benefit analyses of distance learning technology for nursing. (Contains 24 tables.) (SLD)

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SREB

# SREB Study Indicates Serious Shortage of Nursing Faculty

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# Executive Summary

The SREB Council on Collegiate Education for Nursing appointed an ad hoc committee to address the implications of nursing shortages for nursing education programs in the 16 SREB states and the District of Columbia. In May 2001 surveys were sent to 491 colleges and universities that prepare students for licensure as registered nurses and advanced nursing roles; 275 of these institutions (56 percent) completed and returned their surveys. The findings can help nurse educators recommend actions to ensure the region's capacity to meet the health-care needs of its residents. In this report "nursing education unit" (NEU) refers to a department, division, school or college of nursing that offers one or more types of nursing program: associate's, bachelor's, master's or doctoral.

- Most of the 275 NEUs are in rural areas or small cities and are in public colleges and universities.
- These institutions offer 525 undergraduate programs (of which 58 percent are associate's programs) and 141 graduate programs (of which 75 percent are master's programs).
- Thirty-one percent of the NEUs offer courses off-campus, and 19 percent offer entire programs off-campus. Forty-seven percent offer online courses; 12 percent offer online courses through the *Electronic Campus* of the Southern Regional Education Board.
- During the 2000-2001 academic year:
  - Only 28 doctoral graduates and 209 master's graduates had completed formal preparation as nurse educators.
  - There were 432 unfilled positions for nurse educators — 306 full-time and 126 part-time positions.
  - Resignations of nurse educators totaled 342, of which 72 had doctorates.
  - Retirements of nurse educators totaled 144, of which 55 had doctorates.
  - There were 971 nurse educators without the minimal academic credential for national accreditation.
  - Most faculty (83 percent) were Caucasian. African-Americans represented 12 percent; American Indians, Asians and Latinos each represented 2 percent or less.
  - Racial diversity was greatest among students in baccalaureate programs, although the levels still did not reflect the general population. Caucasian students accounted for 71 percent, and African-American students represented 19 percent. American Indians, Asians, Latinos and other groups constituted the remaining 10 percent.
  - Most NEUs could have accepted more students at all levels, especially the master's and doctoral levels.

- By the end of 2006, 784 nurse educators are expected to retire.
- Between 1999-2000 and 2000-2001, there were minimal changes in associate's, bachelor's, master's and doctoral enrollments.

Based on the survey results, the SREB Council on Collegiate Education for Nursing plans to take several actions to avert critical shortages of nurse educators in the 16 SREB states and the District of Columbia. The council will work to establish:

- a regional consortium of graduate programs to ensure collaboration in developing guidelines for curricula to prepare nurse educators and in expanding opportunities via distance learning;
- annual collection and dissemination of demographic data regarding nursing education in the 16 SREB states and the District of Columbia;
- common state-collected demographic data to facilitate regional comparability;
- collaboration with national organizations to ensure regionwide recruitment efforts for nurse educators and entry-level and advanced students who represent the region's racial/ethnic composition; and
- cost-benefit analyses of distance learning technology, nursing education programs and potential new programs.

# SREB Study Indicates Serious Shortage of Nursing Faculty

## Introduction

The nation is experiencing an unprecedented shortage of nurses. As the gap between the supply of nurses and the demand for them widens, the shortage will become an even greater emergency. An American Hospital Association survey in 2001 revealed 168,000 vacant jobs at hospitals — 126,000 of which were registered nursing jobs. Several factors contribute to this problem: fewer new nursing students and graduates; an aging work force; the perception that nursing is not an attractive career; the demanding, stressful working conditions in health-care agencies; and the growing demand for registered nurses as the numbers of elderly and uninsured citizens increase.

Several government and professional organizations have estimated the need for registered nurses in the next 20 years. Jobs for health-care professionals and technical and support staff are expected to increase at a combined rate of 27.9 percent in this decade, for a total of 12.2 million jobs, according to the U.S. Bureau of Labor Statistics. Of the 1.6 million jobs created by 2010, 561,000 will be new registered-nurse (RN) positions. New and replacement openings for registered nurses will total more than 1 million (Bureau of Labor Statistics Monthly Labor Review at http://www.bls.gov/opub/mlr/nlrhome.htm).

Many hospitals, nursing homes and other health-care facilities in the SREB states are struggling to fill empty positions in the face of an increasing shortage of registered nurses. Hospitals traditionally employ the largest number of registered nurses, and the shortage has had serious effects on them. Some small rural hospitals have been forced to close, and other hospitals have had to restrict admissions, delay surgeries, treat fewer patients and postpone expansions of services.

Enrollment in all entry-level nursing programs nationwide declined in the last five years, and enrollment in master's programs declined in 2000-2001 (American Association of Colleges of Nursing, 2000).

To ensure an adequate supply of registered nurses in the 16 SREB states and the District of Columbia, three important conditions must exist. First, enough qualified students — representing the region's racial/ethnic demographics — must be enrolled in nursing education programs. Second, nursing education programs need adequate resources to produce enough registered nurses to meet the work force's demands. Third, the health-care industry must recruit graduates for positions and retain them by offering them a positive work environment.

Since the early 1950s, nursing education leaders in the SREB states have addressed declining student enrollments, shortages of nurse educators and increasing demands for RNs to meet the needs of an ever-changing, complex health-care system. Nurse educators in the SREB states and the District of Columbia have a rich legacy of sharing resources to address concerns about the nursing work force in academic and practice settings. For more than 50 years the Southern Regional Education Board (SREB) has offered a forum that transcends state and institutional boundaries and "levels the playing field" for all institutions, regardless of size or type of institution (public or private).

The governing board of the SREB Council on Collegiate Education for Nursing — prompted by the shortages and concerns about the region's health-care needs — appointed an ad hoc committee to establish a profile of nursing education units in the 16 SREB states and the District of Columbia. The directors asked the committee to recommend appropriate strategies to address the region's challenges and opportunities. The council, in collaboration with SREB, conducted a regional survey of nursing education units[1] in May 2001.

The questionnaire for the survey focused on four major areas: institution; nursing education unit; nursing students; and nurse educators and administrators. Surveys were sent to 491 nursing education units that collectively offered 667 programs (Tables 1 and 2). Of those, 275 nursing education units (56 percent) completed and returned their questionnaires. These 275 NEUs offered a total of 392 programs: 152 associate's, 130 bachelor's, 81 master's and 29 doctoral.

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1 "Nursing education unit" (NEU) refers to the department, division, school or college of nursing. A nursing education unit may offer one or more types of nursing education program: associate's, bachelor's, master's or doctoral.

Table 1

Types of Nursing Education Programs, May 2001

| State | Associate's | Bachelor's | Master's | Doctoral | Total |
|---|---|---|---|---|---|
| Alabama | 23 | 13 | 7 | 1 | 44 |
| Arkansas | 11 | 9 | 4 | 1 | 25 |
| Delaware | 4 | 3 | 2 | 0 | 9 |
| Florida | 29 | 19 | 10 | 5 | 63 |
| Georgia | 12 | 19 | 11 | 3 | 45 |
| Kentucky | 23 | 12 | 8 | 1 | 44 |
| Louisiana | 8 | 13 | 7 | 2 | 30 |
| Maryland | 12 | 9 | 5 | 2 | 28 |
| Mississippi | 16 | 7 | 5 | 2 | 30 |
| North Carolina | 47 | 13 | 8 | 2 | 70 |
| Oklahoma | 17 | 13 | 2 | 0 | 32 |
| South Carolina | 15 | 9 | 2 | 2 | 28 |
| Tennessee | 12 | 18 | 6 | 4 | 40 |
| Texas | 51 | 28 | 17 | 5 | 101 |
| Virginia | 18 | 16 | 7 | 4 | 45 |
| West Virginia | 9 | 13 | 2 | 1 | 25 |
| District of Columbia | 1 | 3 | 3 | 1 | 8 |
| **Total** | **308** | **217** | **106** | **36** | **667** |
| **Percent of total programs** | **46** | **33** | **16** | **5** | **100** |

Table 2

Distribution of Returns

| State | NEUs | Returns | Percent Returns |
|---|---|---|---|
| Alabama | 32 | 21 | 66 |
| Arkansas | 19 | 12 | 63 |
| Delaware | 7 | 3 | 43 |
| Florida | 47 | 27 | 57 |
| Georgia | 31 | 23 | 74 |
| Kentucky | 30 | 12 | 40 |
| Louisiana | 18 | 10 | 56 |
| Maryland | 21 | 7 | 33 |
| Mississippi | 21 | 14 | 67 |
| North Carolina | 61 | 30 | 49 |
| Oklahoma | 30 | 14 | 47 |
| South Carolina | 22 | 8 | 36 |
| Tennessee | 30 | 21 | 70 |
| Texas | 72 | 43 | 60 |
| Virginia | 30 | 15 | 50 |
| West Virginia | 16 | 13 | 81 |
| District of Columbia | 4 | 2 | 50 |
| Total | 491 | 275 | 56 |

This information gives a picture of the 275 nursing education units that participated in the survey, of the nurse educators who guide and direct students and of the students enrolled in the nursing programs. These baseline data are useful in efforts to ensure the region's capacity to meet the health-care needs of its residents.

## Nursing Education Units

During the 2000-2001 academic year, there were 667 nursing education programs[2] in the 16 SREB states and the District of Columbia. While the number of entry-level programs for registered nurses remained relatively stable in the last decade, the number of master's programs increased from 61 to 106, and the number of doctoral programs increased from 17 to 36.

Most nursing education units are in rural areas or small cities, and most are in public institutions (Table 3).

[2] The number of programs is based on information from the National League for Nursing, nursing programs and state boards of nursing.

Table 3

Types and Settings of Institutions

| | NEUs | Percent of NEUs |
|---|---|---|
| Setting: | | |
| Rural | 96 | 35 |
| Suburban | 37 | 14 |
| Small city (population of 50,000 to 99,000) | 57 | 21 |
| Medium-size city (population of 100,000 to 500,000) | 47 | 17 |
| Large city (population of more than 500,000) | 35 | 13 |
| Total* | 272 | 100 |
| Type: | | |
| Public | 220 | 80 |
| Private | 55 | 20 |
| Total | 275 | 100 |

*Note: Three participants did not respond.

Thirty-one percent of the nursing education units offered courses off-campus; 19 percent offered entire programs off-campus (Table 4). Most of the courses or programs offered off-campus were bachelor's courses or programs. Doctoral courses and programs were the least likely to be offered off-campus (Table 5).

Table 4

Off-campus Learning Activities

| | NEUs Offering | NEU's Not Offering | Percent of NEUs Offering |
|---|---|---|---|
| Off-campus courses | 82 | 186 | 31 |
| Off-campus programs | 52 | 215 | 19 |

Table 5

Off-campus Learning Activities by Type of Program

| | Number Offered |
|---|---|
| Courses: | |
| Associate's | 20 |
| Bachelor's | 60 |
| Master's | 32 |
| Doctoral | 7 |
| Programs: | |
| Associate's | 14 |
| Bachelor's | 37 |
| Master's | 17 |
| Doctoral | 3 |

Forty-seven percent of 268 nursing education units reported they offer courses on the Internet; 15 have courses listed through the *Electronic Campus* of the Southern Regional Education Board. The most frequent mode of electronic delivery was Web-based/online courses (Table 6).

Table 6

Online Nursing Courses

| | NEUs Offering | NEUs Not Offering | Percent of NEUs Offering |
|---|---|---|---|
| Online courses | 125 | 143 | 47 |
| Courses on *Electronic Campus* | 15 | 114 | 12 |
| Types of electronically delivered courses | | | |
| Web-based | 107 | | |
| Compressed video | 36 | | |
| Satellite | 14 | | |
| Broadcast television | 10 | | |
| Videotape | 17 | | |
| CD-ROM | 8 | | |

# Faculty

## *Positions*

There were 6,382 full-time and part-time faculty positions (including 314 unfilled full-time and part-time positions) at the beginning of the 2000-2001 academic year (Table 7). By the end of that year, there were 432 unfilled positions (306 full-time and 126 part-time positions). Even with these unfilled positions, 350 new positions were budgeted for the 2001-2002 academic year. Unfilled positions, resignations, retirements and projected retirements pose a threat to the nursing education work force in the next five years. Unless nursing education units can increase the number of graduates for the nurse educator role, the number of available nurse educators will not meet demands.

Table 7

Faculty Positions, 2000-2001

| | Full-time | Part-time | Total |
|---|---|---|---|
| Filled positions at the beginning of 2000-2001 | 4,411 | 1,657 | 6,068 |
| Unfilled positions at the beginning of 2000-2001 | 265 | 49 | 314 |
| **Total** | **4,676** | **1,706** | **6,382** |
| Unfilled positions at the end of 2000-2001 | 306 | 126 | 432 |
| New budgeted positions for 2001-2002 | 240 | 110 | 350 |

## *Credentials*

In 1983, only 183 nurse educators in the SREB states held doctoral degrees (H.L. McPheeters, *Planning for Doctoral Nursing Education in the South,* 1985). In 2001, nearly 1,500 full-time nurse educators held doctorates (Table 8). There are 36 doctoral nursing programs in the region. (Two SREB states — Delaware and Oklahoma — have no doctoral programs for nurses.) While a greater number of doctoral programs means more educational opportunities for nurses, it also means a greater need for more qualified faculty.

During the 2000-2001 academic year, 4,302 full-time and 1,246 part-time nurse educators held master's or doctoral degrees (Table 8). Nearly 500 full- and part-time nurse educators did not hold the minimum academic credential (a master's degree in nursing).

Table 8 Highest Earned Credentials of Nurse Educators, 2000-2001

| | Full-time | Percent of Degrees by Discipline | Part-time | Percent of Degrees by Discipline | Total |
|---|---|---|---|---|---|
| Doctoral degree: | | | | | |
| Nursing | 782 | 52 | 52 | 38 | 834 |
| Education | 366 | 25 | 32 | 23 | 398 |
| Public health | 71 | 5 | 4 | 3 | 75 |
| Related area | 272 | 18 | 50 | 36 | 322 |
| Subtotal* | 1,491 | 100 | 138 | 100 | 1,629 |
| Master's degree: | | | | | |
| Nursing | 2,670 | 95 | 1,052 | 95 | 3,722 |
| Education | 69 | 2 | 12 | 1 | 81 |
| Public health | 31 | 1 | 12 | 1 | 43 |
| Business administration | 13 | 0.5 | 5 | 0.5 | 18 |
| Another discipline | 28 | 1 | 27 | 2 | 55 |
| Subtotal* | 2,811 | 100 | 1,108 | 100 | 3,919 |
| Bachelor's degree: | | | | | |
| Nursing | 339 | 99 | 432 | 100 | 771 |
| Another discipline | 3 | 1 | 0 | 0 | 3 |
| Subtotal* | 342 | 100 | 432 | 100 | 774 |
| Total | 4,644 | | 1,678 | | 6,322 |

* Totals may not equal 100 percent because of rounding.

Note: Reporting inconsistency accounts for the discrepancy between the total number of faculty reported by positions (Table 9) and the total number reported by highest academic credentials (Table 8).

## *Graduate Preparation*

The top five clinical specialties of graduate preparation were adult health; acute care; psychiatric nursing; maternal/child health; and community health (Table 9). Few faculty specialized in rural health, public health or neonatal nursing.

Table 9

Faculty Clinical Specialties

| Field of Study | Number of Nurse Educators With Specialties | Rank |
|---|---|---|
| Adult health | 1,129 | 1 |
| Acute care | 542 | 2 |
| Psychiatric | 495 | 3 |
| Maternal/child health | 389 | 4 |
| Community health | 383 | 5 |
| Pediatrics | 366 | 6 |
| Family | 364 | 7 |
| Critical care | 212 | 8 |
| OB-GYN | 201 | 9 |
| Nursing administration | 190 | 10 |
| Nursing education | 172 | 11 |
| Gerontology | 168 | 12 |
| Women's health | 134 | 13 |
| Neonatal | 70 | 14 |
| Public health | 67 | 15 |
| Rural health | 40 | 16 |
| Total | 4,922 | |

* Percentages may not add up to 100 because of rounding.

The low numbers of faculty prepared in public health, rural health, gerontology and nursing education are troubling for policy-makers who shape the direction of education and health services for the diverse and aging residents of a predominantly rural region.

### *Resignations*

Resignations significantly will reduce the number of nurse educators available to teach and the quality of nursing education programs. Of those who resigned in 2000-2001, 72 had doctorates — accounting for 4 percent of all faculty with doctorates. Another 249 of those who resigned had master's degrees and represented 6 percent of faculty with master's degrees (Table 10).

Table 10

2000-2001 Resignations by Faculty Credentials

| | Number of Those Resigning With Degree | Percent of Degrees by Discipline |
|---|---|---|
| Doctoral degree: | | |
| Nursing | 40 | 56 |
| Education | 9 | 13 |
| Related area | 23 | 32 |
| Subtotal | 72 | |
| Master's degree: | | |
| Nursing | 233 | 94 |
| Education | 10 | 4 |
| Public health | 2 | 0.8 |
| Business administration | 1 | 0.4 |
| Another discipline | 3 | 1.2 |
| Subtotal | 249 | |
| Bachelor's degree: | | |
| Nursing | 22 | 100 |
| Another discipline | 0 | |
| Subtotal | 22 | |
| Total | 343 | |

Family responsibilities were listed most often as the reason for resignations, followed by career advancement and salary (Table 11). These responses are not surprising, considering the pressures on nurse educators: heavy teaching loads; increasingly rigorous standards for promotion or tenure; an aging work force of nurse educators; health problems of family members, including spouses and elderly parents; and child-care issues.

Nearly half (46 percent) of the nurse educators who resigned went on to work in clinical settings, including private practice (Table 11). However, 34 percent continued to teach either in-state or out-of-state. There should be further study of the reasons that faculty resign and further development of effective plans to retain faculty.

Table 11

Resignations: Reasons and Status Afterward

| | Number of Times Cited | Percent Reasons Cited |
|---|---|---|
| **Reason** | | |
| Family responsibilities | 53 | 28 |
| Career advancement | 50 | 26 |
| Salary | 42 | 22 |
| Unknown | 27 | 14 |
| Workload | 20 | 10 |
| **Total** | **192** | **100** |
| **Status after resignation** | | |
| Teaching in-state | 37 | 17 |
| Teaching out-of-state | 38 | 17 |
| Clinical position | 76 | 34 |
| Private practice | 27 | 12 |
| Non-nursing | 10 | 4 |
| Unknown | 35 | 16 |
| **Total** | **223** | **100** |

*Retirements*

During the 2000-2001 academic year, 144 nurse educators in SREB states and the District of Columbia retired (Table 12). The average age was 58.5. Of those who retired, 55 had doctorates (44 percent of which were in nursing) and 89 had master's degrees (90 percent of which were in nursing). States' losses of faculty with doctorates ranged from one to five; losses of faculty with master's degrees ranged from one to 18.

Table 12

2000-2001 Retirements by Educational Preparation and Specialty

| | Number of Retirees | Percent of Degrees by Discipline |
|---|---|---|
| Doctorate: | | |
| Nursing | 24 | 44 |
| Education | 22 | 40 |
| Related area | 9 | 16 |
| Subtotal | 55 | 100 |
| Master's: | | |
| Nursing | 80 | 90 |
| Education | 6 | 7 |
| Public health | 1 | 1 |
| Other | 2 | 2 |
| Subtotal | 89 | 100 |
| Total | 144 | |

By the end of 2006, nursing education units expect 784 nurse educators to retire (Table 13). The loss of experienced nurse educators has detrimental effects on curricula planning, management and evaluation, and the supply of mentors for inexperienced faculty.

Table 13

Anticipated Retirements

| Year | Number of Retirements |
|---|---|
| 2002 | 130 |
| 2003 | 149 |
| 2004 | 166 |
| 2005 | 160 |
| 2006 | 179 |
| Total | 784 |

### *Racial/Ethnic Diversity*

Racial/ethnic diversity among nurse educators is essential to ensure that the future nurses they train will be prepared to meet the health needs of diverse communities. The racial/ethnic composition of 4,883 nurse educators shows the need for innovative recruitment strategies to promote diversity among those who aspire to become nurse educators (Table 14). Caucasians accounted for 82 percent of the nurse educators in the 2001 survey.

Table 14

| Race/Ethnicity of Faculty | Number of Faculty | Percent of Faculty |
|---|---|---|
| Caucasian | 4,022 | 82 |
| African-American | 607 | 12 |
| Latino | 99 | 2 |
| Asian | 73 | 1 |
| American Indian | 71 | 1 |
| Other | 11 | 0.2 |
| Total | 4,883 | 100 |

* Percentages may not add up to 100 because of rounding.

## Nursing Education Administrators[3]

Appropriate leadership in nursing education units is essential in order to recruit, develop and retain well-qualified faculty and to teach and produce competent nurses at the entry and advanced levels. Nursing education units' administrative leadership can be measured partly by examining administrators' academic preparation.

### *Highest Earned Credentials*

Most of the 271 nursing education administrators (64 percent) have doctorates; 34 percent have master's degrees (Table 15). A master's degree in nursing is the minimum academic credential for national program accreditation, and 13 administrators did not meet this criterion.

[3] The nurse educator (dean, director, chairperson, head) with overall responsibility for the nursing education unit.

Table 15

Highest Earned Credentials of Nursing Education Administrators

| | Number of Administrators With Credentials | Percent of Degrees by Discipline |
|---|---|---|
| Doctorate: | | |
| Nursing | 87 | 50 |
| Education | 65 | 37 |
| Related discipline | 19 | 11 |
| Public health | 3 | 2 |
| **Subtotal** | **174** | **100** |
| Master's: | | |
| Nursing | 84 | 91 |
| Education | 5 | 5 |
| Another field | 3 | 3 |
| **Subtotal*** | **92** | **100** |
| Other | 5 | |
| **Total** | **271** | |

* Percentages may not add up to 100 because of rounding.

Note: Four NEUs did not state the highest earned academic credentials of nursing education administrators.

### *Length of Employment*

The average length of appointment for administrators was 13.6 years. Most administrators (78 percent) held 12-month appointments.

### *Salary*

The salaries of nurse education administrators varied considerably among and within program levels. The annual salaries of 234 administrators ranged from $35,000 to $193,000. Salaries need to be competitive with those of other academic units and clinical counterparts if nursing education units are to retain well-qualified administrators.

### *Racial/ethnic diversity*

The racial/ethnic composition of nursing education administrators does not reflect the region's diversity. However, the racial/ethnic makeup of administrators is similar to the racial/ethnic makeup of faculty (Table 16). Nursing education units should make an effort to increase diversity both among faculty and among administrators.

Table 16

Race/Ethnicity of Nursing Education Administrators

| | Number of Administrators | Percent of Administrators |
|---|---|---|
| Caucasian | 237 | 87 |
| African-American | 25 | 9 |
| American Indian | 3 | 1 |
| Asian | 2 | 0.7 |
| Latino | 3 | 1 |
| Other | 1 | 0.3 |
| Total* | 271 | 100 |

* Percentages may not add up to 100 because of rounding.

Note: Four NEUs did not specify the race/ethnicity of nursing education administrators.

# Students

## *Enrollment and Admissions*

Eighty-one percent of all students were in entry-level registered nurse (RN) programs at the beginning of the 2000-2001 academic year (Table 17). These numbers changed very little — not more than 1.5 percent at any level — from 1999-2000 to 2000-2001. Inadequate enrollment in graduate programs perpetuates the problem by decreasing the pool of potential faculty, and inadequate enrollment in entry-level RN programs makes it impossible to address the shortage of nurses in the work force.

Table 17

Student Enrollment, 1999-2000 and 2000-2001 Academic Years

| | 1999-2000 | Percent of Enrollment | 2000-2001 | Percent of Enrollment |
|---|---|---|---|---|
| Associate's | 18,161 | 35 | 18,243 | 35 |
| Bachelor's | 24,123 | 46 | 23,876 | 46 |
| Master's | 8,807 | 17 | 8,679 | 17 |
| Doctoral | 851 | 2 | 855 | 2 |
| Total | 51,942 | 100 | 51,653 | 100 |

In 2000-2001 there were 18,703 new admissions to nursing programs, mostly at the associate's and bachelor's levels (Table 18). Most programs could have accepted more students (Table 19).

Table 18

New Admissions, 2000-2001

| | Number of Students | Percent of New Admissions by Program Type |
|---|---|---|
| Associate's | 7,830 | 42 |
| Bachelor's | 7,627 | 41 |
| Master's | 3,072 | 16 |
| Doctoral | 174 | 1 |
| Total | 18,703 | 100 |

Table 19

Capacity to Accept More Students, 2000-2001

| | Yes | Percent of NEUs | No | Percent of NEUs |
|---|---|---|---|---|
| Associate's | 84 | 57 | 64 | 43 |
| Bachelor's | 101 | 75 | 34 | 25 |
| Master's | 71 | 90 | 8 | 10 |
| Doctoral | 17 | 68 | 8 | 32 |

There need to be an aggressive, regionwide program to recruit students and improved collaboration within and among states. Legislators and other policy-makers should consider whether the region needs to create or expand nursing education programs.

### *Race/Ethnicity*

Most nursing students at all levels in 2000-2001 were Caucasian (Table 20). African-American students accounted for the next-largest group of students at every level; Latino, Asian and American Indian students accounted for less than 10 percent each at every level.

The level of diversity among nursing students does not reflect the diversity in the general population. The Latino population is projected to be the largest minority group within the next 50 years; recruiting more Latino students into nursing programs should be a top priority. It is important to increase diversity among entry-level students, who serve as the recruitment pool for graduate nursing programs and later for positions as nursing education faculty and administrators.

Table 20 Racial/Ethnicity of Students, 2000-2001

| | Associate's | Percent Students | Bachelor's | Percent Students | Master's | Percent Students | Doctoral | Percent Students | Total | Percent Students |
|---|---|---|---|---|---|---|---|---|---|---|
| African-American | 2,228 | 14 | 4,428 | 19 | 1,106 | 13 | 52 | 8 | 7,814 | 16 |
| American Indian | 193 | 1 | 265 | 1 | 50 | 1 | 5 | 1 | 513 | 1 |
| Asian | 262 | 2 | 671 | 3 | 261 | 3 | 43 | 7 | 1,237 | 3 |
| Caucasian | 11,770 | 77 | 16,323 | 70 | 6,564 | 77 | 479 | 76 | 35,136 | 74 |
| Latino | 795 | 5 | 1,163 | 5 | 374 | 4 | 28 | 4 | 2,360 | 5 |
| Other | 138 | 1 | 297 | 1 | 157 | 2 | 26 | 4 | 618 | 1 |
| Total* | 15,386 | 100 | 23,147 | 100 | 8,512 | 100 | 633 | 100 | 47,678 | 100 |

* Percentages may not add up to 100 because of rounding.

## *Graduation*

Graduation rates varied by program type in the 1999-2000 and 2000-2001 academic years. Associate's programs reported an increase of 920 (11 percent) in the number of graduates, while bachelor's programs reported a decrease of 1,088 graduates (12 percent). These numbers combine for a net decrease of 168 graduates (1 percent) from entry-level RN programs (Table 21).

The findings also revealed a 28 percent drop in doctoral graduates between 1999-2000 and 2000-2001. The declining number of graduates with doctorates means a smaller pool of potential faculty, administrators, researchers and policy-makers. The number of graduates from doctoral programs in 2000-2001 (89) was smaller than the number of faculty with doctorates who resigned or retired in 2001 (127).

Table 21

Graduates, 1999-2000 and 2000-2001

| | 1999-2000 | Percent of Graduates by Program | 2000-2001 | Percent of Graduates by Program |
|---|---|---|---|---|
| Associate's | 8,067 | 41 | 8,987 | 46 |
| Bachelor's | 9,009 | 45 | 7,921 | 40 |
| Master's | 2,715 | 14 | 2,748 | 14 |
| Doctoral | 124 | 1 | 89 | 0.5 |
| Total* | 19,915 | 100 | 19,745 | 100 |

* Percentages may not add up to 100 because of rounding.

Thirty-two percent of the bachelor's program graduates were RNs with associate's degrees (Table 22). While it is good for the region that so many licensed nurses are seeking higher credentials, the result is fewer newly licensed RNs entering the work force. In its 1996 report to Congress and the secretary of health and human services, the National Advisory Council on Nurse Education and Practice (NACNEP) called for at least two-thirds of all RNs to have bachelor's degrees in nursing by 2010. The data indicate that nursing education programs are unlikely to meet this goal.

Table 22

Licensed Nurses Graduating With Degrees, 2000-2001

| | Number of Graduates | Percent of Graduates by Program |
|---|---|---|
| Associate's: | | |
| LPN/LVN | 1,546 | 93 |
| RN | 108 | 7 |
| **Subtotal** | **1,654** | **100** |
| Bachelor's: | | |
| LPN/LVN | 149 | 6 |
| RN | 2,500 | 94 |
| **Subtotal** | **2,649** | **100** |
| **Total** | **4,303** | |

Note: LPN/LVN refers to licensed practical nurses/licensed vocational nurses; RN refers to registered nurses who hold either associate's degrees or diplomas from hospital-based programs.

### *Preparation for the Nurse Educator Role*

Although 51 master's and 16 doctoral programs offer courses to prepare nurse educators (Table 23), only 28 doctoral graduates and 209 master's graduates completed coursework for the nurse educator role in 2000-2001 (Table 24). The low number of graduates who are prepared for the nurse educator role intensifies the faculty shortage in nursing education units.

Table 23

Graduate Curricula for Nurse Educators

| | Programs With Nurse Educator Curricula | Percent of Curricula by Level | Programs Without Nurse Educator Curricula | Percent of Curricula by Level |
|---|---|---|---|---|
| Master's | 51 | 76 | 37 | 71 |
| Doctoral | 16 | 24 | 15 | 29 |
| Total | 67 | 100 | 52 | 100 |

Table 24

2001 Graduates Who Completed Courses in Nursing Education

| | Number of Graduates | Percent of Graduates by Level |
|---|---|---|
| Master's | 209 | 88 |
| Doctoral | 28 | 12 |
| Total | 237 | 100 |

Note: The 237 graduates represent 1.2 percent of the graduates reported in 2001.

# Conclusions

The results of the May 2001 survey provide a profile of the nursing education units, nurse educators and nursing students in the SREB states and the District of Columbia. This profile shows that graduate nursing education programs that offer courses to prepare nurse educators are not producing enough graduates to replace the resigning and retiring faculty. Legislators and other policy-makers need to consider a key question: Will the SREB states and the District of Columbia have enough qualified nurse educators to keep the education process running?

Collaboration within and among states is necessary in order to address the many issues underlying the shortage in nursing and nursing education. The Southern Regional Education Board — noted for its ability to help legislators and policy-makers solve difficult problems — can make a difference in this crisis.

The following recommendations are examples of some activities that can help to solve the problem of nursing shortages in educational and practice settings:

- Establish a regional consortium of master's and doctoral programs to:
  - review the expected competencies and the curriculum design for the preparation of nurse educators;
  - establish core curriculum guidelines to prepare nurse educators;
  - promote the nurse educator role in recruitment activities;
  - share scarce faculty and other educational resources regionwide;
  - use distance learning to expand opportunities to prepare nurse educators; and
  - offer continuing-education conferences for faculty who lack academic preparation in nursing education.
- Establish a common set of state-collected demographic data.
- Collect, analyze and report data about nursing education annually to track the region's ability to meet the needs of the work force. Disseminate this information to legislators and higher education officials to ensure high-quality, cost-effective nursing education programs.
- Launch a regionwide recruitment effort — beginning with undergraduate students — to increase awareness of the importance and rewards of the nurse educator role.
- Implement creative, effective strategies to retain faculty and to maintain access to the experiences and talents of retired faculty.
- Encourage the use of federal programs — such as programs to designate work-force shortages — to alleviate the shortage of nurses and nurse educators.
- Encourage institutions to offer competitive salaries for nursing education administrators and faculty.
- Increase the racial/ethnic diversity and gender distribution of program administrators, faculty and students.
- Launch a regionwide recruitment program — for entry- and advanced-level students — that includes the active participation of potential employers, student affairs officers, students, educators, public school counselors, media and marketing experts.
- Examine the learning opportunities and cost-effectiveness of distance learning in preparing nurse educators and registered nurses.
- Examine the cost-effectiveness of existing programs at all levels and determine whether new nursing programs are needed and the financial investments they would require.

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